## Preferred Assignment Multiple Bid Card (See Privacy Act Statement on Reverse)

| (See Frivacy Act Statement on Reverse) |            |        |            |        |                        |  |  |
|--|------------|--------|------------|--------|------------------------|--|--|
| Name (Last, First, Middle Initial)     |            |        |            |        | Social Security Number |  |  |
| Posting/Notice Number                  |            |        |            |        | Date                   |  |  |
| Present Assignment                     |            |        |            |        |                        |  |  |
| Craft                                  |            |        |            |        | Pay Location           |  |  |
| Position Title                         |            |        |            |        | Route No. (Carriers)   |  |  |
|  |            |        |            |        |                        |  |  |
| Choice                                 | Job Number | Choice | Job Number | Choice | Job Number             |  |  |
| 1.                                     |            | 16.    |            | 31.    |                        |  |  |
| 2.                                     |            | 17.    |            | 32.    |                        |  |  |
| 3.                                     |            | 18.    |            | 33.    |                        |  |  |
| 4.                                     |            | 19.    |            | 34.    |                        |  |  |
| 5.                                     |            | 20.    |            | 35.    |                        |  |  |
| 6.                                     |            | 21.    |            | 36.    |                        |  |  |
| 7.                                     |            | 22.    |            | 37.    |                        |  |  |
| 8.                                     |            | 23.    |            | 38.    |                        |  |  |
| 9.                                     |            | 24.    |            | 39.    |                        |  |  |
| 10.                                    |            | 25.    |            | 40.    |                        |  |  |
| 11.                                    |            | 26.    |            | 41.    |                        |  |  |
| 12.                                    |            | 27.    |            | 42.    |                        |  |  |
| 13.                                    |            | 28.    |            | 43.    |                        |  |  |
| 14.                                    |            | 29.    |            | 44.    |                        |  |  |
| 15.                                    |            | 30.    |            | 45.    |                        |  |  |
| Applicant's Signature                  |            |        |            |        | te                     |  |  |

"The collection of this information is authorized by 39 U.S.C. 1001. This information will be used to determine your qualifications and suitability for USPS employment. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, to the Office of Management and Budget for review of private relief legislation, to any agency where relevant to hiring, contracting, or licensing to a labor organization as required by the National Labor Relations Act, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, you may not receive full consideration for a position."

## Clerk Craft — Scheme Training/Testing Alternative Election

| If I am the <b>Senior Bidder</b> for a preferred duty assignment that requires scheme knowledge I elect the following <b>Scheme Training/Testing Alternative</b> :  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Check one   |  |  |  |  |  |  |
| a. [ ] I elect to use annual leave for required scheme training/testing. I understand that<br>when I pass the appropriate scheme examination and accept the position, that the<br>annual leave I have used will be converted to hours worked and my annual leave<br>balance will be recredited with a like number of hours. |  |  |  |  |  |  |
| b. [ ] I elect to enter into scheme training/testing outside my regularly scheduled work<br>hours. I understand that I will not receive compensation at the appropriate over-<br>time rate unless I pass the appropriate scheme examination and accept the position.  |  |  |  |  |  |  |
| Employee's Signature  |  |  |  |  |  |  |

## For Personnel Use Only

| Qualification Requirements | Attendance Record |
|----------------------------|-------------------|
| Performance                | Personnel Folder  |
| Qualified Driver           | Schemes           |
| Remarks                    |                   |
|                            |                   |
|                            |                   |
|                            |                   |